



Practitioner's Docket No. BOMUHDUS

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): BOWSHER et al. } GAU: 2676
Serial No.: 09/919,559 } Examiner: Cunningham, Gregory F.
Filed: 07/31/2001 }
Title: Universal Ultra-High }
Definition Color, Light, and }
Object Rendering, Advising }
And Coordinating System }

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is a response for this application comprising:

23 Pages Amendment with Remarks; and
7 Pages of Replacement Drawings.

STATUS

2. Applicant is a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application, and the provisions of 37 C.F.R. Section 1.136(a) apply. Applicant believes a total extension period of three (3) months is required at a fee of \$510.00. If a further extension is required, please consider this a petition therefor.

Extension Fees Submitted: \$510.00

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on Jun 13, 2006.

Thomas P. O'Connell, Esq.
Thomas P. O'Connell, Esq.; Reg. No. 37,997

Jun 13 2006
Date

(Amendment Transmittal)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	68	Minus	35	=	x \$25 =	\$0
Indep.	8	Minus	3	= 0	x \$100 =	\$500
First Presentation of Multiple Dependent Claim					+ \$135 =	\$0
					Total Addit. Fee	\$500

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,


** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

Total additional fee for claims: \$500.

Payment by Credit Card Payment Form enclosed.



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